

Community FABRIC, P.O. BOX 320303, LUSAKA, ZAMBIA TEL Nos. 257331

QUESTIONNAIRE	NO.	OF	

BASELINE NEEDS ASSESSMENT

MAIN INTERVIEW FORM

	CODE
HOUSEHOLD IDENTIFICATION PARTICULARS	NUMBER
1. PROVINCE NAME	
2. DISTRICT NAME	
3. CONSTITUENCY NAME	
4. WARD NAME	
T. WILLD TO WILL	
5. RURAL1 URBAN2	
5. RURAL1 URBAN2	
6. CSA NUMBER	
7. SEA NUMBER	
8. STRATUM Household with OVC 1 Household without OVC 2	
Troubblish William CVC 2	
9. HOUSEHOLD NUMBER	
10. VILLAGE OR LOCALITY NAME	
11. CHIEF'S/CHIEFTAINESS' AREA (RURAL AREAS ONLY) FOR URBAN = 888 (NOT APPLICABLE)	
12. HOUSEHOLD STATUS:1 = Originally Selected Household, 2 = Replacement Household	
13. IF REPLACEMENT HOUSEHOLD, REASON FOR REPLACING:	
Refusal 2. Non-Contact 3. Dwelling Cannot be Found 4. Other (Specify)	
14. INTERVIEWED HOUSEHOLD Sampling Residential Serial	
Name of Head Address Number	
15. NAME OF MAIN RESPONDENT SERIAL NUMBER FROM	
HOUSEHOLD ROSTER	
16.TOTAL NUMBER OF PERSONS WHO LIVE IN THIS HOUSEHOLD	
17. ENUMERATOR'S NAMEDATE OF INTERVIEW	
18. SUPERVISOR'S NAMEDATE OF CHECKING	
	

SE	CTION 0: HOUSEHOLD MEMBERS					
1	2					
Write down the name of the Ca	Write down the name of the Caregiver and serial number from ITEM 1 below					
NAME OF CARE GIVER	Sr. No					
SERIAL NUMBER OF HOUSEHOLD MEMBERS (PID)	Please give me the names of all persons who usually live in this household. Start with the head of the household and exclude visitors. Include usual members who are away visiting, in hospital, at boarding schools or college or university etc. Also include visitors who have lived in the household for six months or more.					
SERIAL NUMBER						

After Interview, copy the Identification particulars (codes) from the front page onto this page and $\frac{\text{Tear off this page}}{\text{Tear off this page}}$ and store separately.

SECTION 1: HOUSEHOLD ROSTER						
	3	4	5	6	7	8
PID	How old is now? RECORD EXACT AGE IN COMPLETED MONTHS FOR THOSE 0 TO 11 MONTHS OLD. FOR THOSE 1 YEAR AND ABOVE RECORD AGE IN COMPLETED YEARS (SPECIFY AGE BELOW) 1 YEARS 2 MONTHS	female?	BROTHER/ SISTER-IN-LAW08 PARENT09 PARENT-IN-LAW10 OTHER RELATIVE11	12 Months ago? SAME	Was the areawas Residing in 12 months ago Rural or Urban? RURAL1 URBAN2	Why didmove from his/her previous residence? FOR SCHOOL01 BACK FROM SCHOOL/STUDIES02 TO SEEK WORK/ BUSINESS03 TO START WORK/ BUSINESS04 TRANSFER OF HEAD OF HOUSEHOLD05 PREVIOUS HOUSEHOLD COULD NOT AFFORD TO KEEP HIM/HER06 GOT MARRIED07 NEW HOUSEHOLD08 RETIREMENT09 RETRENCHMENT10 DECIDED TO RESETTLE11 ACQUIRED OWN/DIF ACC.12 FOUND NEW AGRIC LAND.13
CODE	CODE AGE	CODE	CODE	CODE	CODE	OTHER (SPECIFY)14 CODE

1	2	3	4
<u>'</u>	FOR THOSE AGED 12 YEARS AND ABOVE	FOR THOSE AGED 0 - 20 [IF AGED 21 YEARS AND	
PID	What is your marital status?	Is biological mother Still alive? YES1 >>5 NO2 DON'T KNOW3>>8 N/A8	When did mother die? LESS THAN 1 MONTH 1-6 MONTHS AGO2 7-12 MONTHS AGO3 1-3 YEARS AGO4 4 YEARS AND OVER5 DON'T KNOW8 >>

SECTION 2: MARITAL STATUS AND ORPHANHOOD CONT'D				
PID	5	6	7	8
	FOR 0 - 20 YRS			
	Is living with your mother? YES1>>8 NO2 N/A8	Is the biological father ofstill alive? YES1>>10 NO2 DON'T KNOW3 N/A8	When did father die? LESS THAN 1 MONTH1 1-6 MONTHS AGO2 7-12 MONTHS AGO3 1-3 YEARS AGO4 4 YEARS AND OVER5 DON'T KNOW8 >>SECTION 3	Is living with the Father? YES1 >> SECTION 3 NO2 N/A8
				_

SECTION 3: HEALTH; FOR ALL PERSONS				
	1	2	3	
PID	during the last two weeks? YES1 NO2 >> NEXT SECTION	FEVER/MALARIA01 COUGH/COLD/CHEST INFECTION02 DIARRHOEA WITHOUT BLOOD03 DIARRHOEA WITH BLOOD04	What did the household do to address the sickness? SOUGHT MEDICAL CARE1 USED SELF ADMINISTERED MEDICINE AT HOME ONLY2 CONSULTED TRADITIONAL HEALER 3 NONE4	

		CATION - FOR ALL P			
INTROD		going to ask you about			
	1	2	3	4	5
	Hasever attended school?	Is the school attending or the last school attended a private or a public one	ls currently attending school?	,	Since starting school hasever been absent from school for more
PID	YES1 No2 >>7			ENTER CODE	than 10 days during the current or last term?
	NO2 >>7	GOVERNMENT1 PRIVATE2 COMMUNITY3	YES1 NO2 >>7		YES1 NO2 >>8

		ENGONG AGED O TEAMO A	ND ABOVE cont'd
	6	7	8
	What was the reason for 's absence SICKNESS	What is the main reason for not OR never attending school? WORKING	What is/was the highest grade attained?
PID	PREGNANT	NOT SELECTED/FAILED6 OTHER (Specify)7	LINE ROOSE

SECTION 5: HOUSEHOLD ECONOMIC STATUS

Number	Questions	Anguar Catagories and sades	Code
	Questions	Answer Categories and codes	Code
1	How many members of the	Number	
	household earned regular income	Number	
	from formal employment in the last	Don't Know88	
	1 month?	No response99	
	11		
2	How many members of the	Number	
	household earned income from	Number Don't Know88	
	piece work in the last 1 month?		
		No response99	
3	How much was earned by all		
	members of the household in the		
	last 1 month?	Amount	
		Don't Know88	
		No response99	
4	How much did this household earn		
	from sources other than through		
	working in the last 1 month?	Amount	
		Don't Know88	
		No response99	
5	What are all the sources of income	Wage Employment1	
	earned in the last 1 month	Running a business/self employed2	
		Farming, Fishing, Forestry3	
		Sale of household assets4	
		Sale of livestock5	
		Sale of own crop/food produced6	
		Sale of crafts7	
		Remittances in8	
		Donations (inc. in-kind)9	
		Other (specify)10	
6	Does anyone in this household	Yes1	
	support children outside the	No2 N/A8	
7	household? How much money was spent on	IV/Ao	
'	these children in the last 1 month?		
	and the second of the second o	Amount	
		Don't Know88	
		No response99	
8	How much did the household		
	spend, on all items in the last 1		
	month?	Amount	
	(Mealie meal,		
	charcoal/firewood/electricity,	Don't Know88	
	Cooking oil, Vegetables,	No response99	
	Meat/Chicken,		
	Sugar/Milk/Tea/coffee/cocoa,		
	Bath/wash soap, Rent and Other)		

SECTION 6: HOUSEHOLD ASSETS INTRODUCTION: I am now going to ask you questions about whether or not your household owns the following items. 1. Does this household 1. Does this household own a/an own a/annow?now? ASSET ASSET 1 YES 1 YES 2 NO 2 NO 6.13. Electric iron 6.1. Plough CODE CODE 6.2. Crop sprayer 6.14. Refrigerator/ Deep freezer 6.15. Telephone (including cellular 6.3. Fishing boat phone) 6.4. Canoe 6.16. Sewing/knitting machine 6.5. Fishing net 6.17. Stove/cooker 6.6. Bicycle 6.18. Non-residential building 6.7. Motor cycle 6.19. Residential house/building 6.8. Motor vehicle 6.20. Scotch cart 6.9. Tractor 6.21. Donkeys 6.10. Television 6.11. Video player 6.12. Radio

SECTION 7: HOUSING CONDITION, FACILITIES, AND AMENITIES

Number	Questions	Answer Categories and codes	Code
1	What kind of dwelling does household live in now?	Detached house	
2	How many rooms are in the dwelling excluding toilets and bathrooms?	Number of rooms	
3	What kind of building materials is the dwelling the household is living in made of?	Asbestos	ROOF
		Grass/Straw	WALLS
		Mud9 Other (specify)10	FLOOR
4	On what basis does the household occupy the dwelling?	Own	
5	What is the main source of drinking water	River, Lake	
6	Does the household boil/treat water?	Yes1 No2 N/A8	
7	What is the main source of energy for lighting?	Kerosene	
8	What is the main source of energy for cooking?	Firewood, Collected	
9	What is the main toilet facility?	Flush Toilet 1 Pit Latrine 2 Bucket 3 Aqua Privy 4 Other (specify) 5 None 6	
10	What is the main method of garbage disposal?	Refuse Collection 1 Pit 2 Dumping 3 Other (specify) 4	

SECTION 8: PERCEPTIONS OF CARE GIVER OF HIV/AIDS RELATED ISSUES

Number	Questions	Answer Categories and codes	Code
1	During the past two years, have you seen an	Yes1	
	increase in the number of orphans living in your	No2	
	neighborhood?	Don't Know88	
2	What do you think are the main recease that	No response99	
2	What do you think are the main reasons that there are more children orphaned in your area?	Malaria1 Accidental Deaths2	
	l there are more children orphaned in your areas	HIV/AIDS3	
		Chronic diseases4	
		During child birth5	
		Other specify6	
		Don't Know88	
		No response99	
3	During the past two years, have you seen an	Yes1	
	increase in the number of children in need living	No2	
	in your neighborhood?	Don't Know88 No response99	
4	What do you think are the main reasons that	Malaria1	
7	there are more children orphaned in your area?	Deaths of parents2	
		Chronic diseases3	
		Other specify4	
		Don't Know88	
		No response99	
5	During the past two years, have you seen an	Yes1	
	increase in the number of families taking care of	No2 Don't Know88	
	orphaned children living in your neighborhood?	No response99	
6	What are the main concerns for orphans and	Educational support1	
0	children in need in your community?	Food/nutrition2	
	Cimaron in need in year community.	Medical/health3	
		Social-emotional support4	
		Life skills training5	
		Other specify6	
		Don't Know88	
7	During the poet two years, have you seen an	No response99	
7	During the past two years, have you seen an increase in the number of people living with	Yes1 No2	
	HIV/AIDS?	Don't Know88	
	111771111111111111111111111111111111111	No response99	
8	Do you have close friends or relatives who are	Yes1	
	living with HIV/AIDS?	No2	
		Don't Know88	
		No response99	
9	Do you have close friends or relatives who have	Yes1	
	died of HIV/AIDS?	No2	
		Don't Know88 No response99	
10	Do you have orphans in your house?	Yes1	
	- , - : . : : : : : : : : : : : : : : : : :	No2	
		Don't Know88	
		No response99	
11	Do the orphans in your house know the cause	Yes1	
	of death of their parent/s?	No2	
		Don't Know88	
12	Have they been told the cause of death of their	No response99 Yes1	
12	parent/s?	No2	
		Don't Know88	
		No response99	
13	What were they told about the cause of their		
	parent/s death?		

SECTION 8: PERCEPTIONS OF CARE GIVER OF HIV/AIDS RELATED ISSUES

Number	Questions	Answer Categories and codes	Code
14	Why were they told about the cause of their parent/s death?		
16	Do you think the children know about HIV/AIDS and related issues?	Yes	
		PERCEPTIONS OF OVC	
17	How many children whose parents have died live with you?		
18	How many children whose parents are alive but are in need live with you?		
19	How do the children whose parents have died get along with your other children?	Play well together1 Withdrawn2 Hostile3 Other specify4 Don't Know88 No response99	
20	How do the children who are in your custody get along with your other children?	Play well together1 Withdrawn2 Hostile3 Other specify4 Don't Know88 No response99	
21	How have the children who are not yours responded to adults in the house?	Friendly1 Unfriendly2 Respectful3 Helpful4 Other specify4 Don't Know88 No response99	
22	How have the adults responded to the children that are not yours?	Acceptable	
23	What changes have taken place in your home since the arrival of these children?	House blessed: child is a gift	
24	Do you think that these children have any special needs?	Yes1 No2 Don't Know88 No response99	
25	What are these needs?	Educational support	

SECTION 9: HOUSEHOLD ACCESS TO SUPPORT SERVICES

Number	Questions	Answer Categories and codes	Code
IN THE PA	ST 6 MONTHS HAS THE HOUSEHOLD		<u>.</u>
1	Food/Nutrition Support?	Yes1 No2 >>next Q	Who provided this?
		Don't Know88 No response99	Government
		·	NGO (Name)
			Other Specify
2	Education Support?	Yes1 No2 >>next Q	Who provided this?
		Don't Know88 No response99	Government
		·	NGO (Name)
			Other Specify
3	Psychosocial Support?	Yes1 No2 >>next Q	Other Specify
		Don't Know88 No response99	Government
		No response	NGO (Name)
			Other Specify
4	Medical/health Support?	Yes1 No2 >>next Q	Who provided this?
ı		Don't Know88 No response99	Government
		The responde times	NGO (Name)
			Other Specify
5	Life skills Support?	Yes1 No2 >>next Q	Who provided this?
		Don't Know88 No response99	Government
			NGO (Name)
			Other Specify
6	Other Support? (Specify)	Yes1 No2 >>next Q	Who provided this?
	(-1 2)	Don't Know88 No response99	Government
			NGO (Name)
			Other Specify
7	How helpful has the support to the family been?	Very helpful1 Helpful2	, ,———
	(Specify)	Not Helpful3 >>next Section	
		Don't Know88 >>next Section No response99 >>next Section	
8	Who/which organization has been	THO TESPOTISE38 >>TEXT SECTION	
	most helpful? (Specify)	Government1	
		NGO (Name)2	
		Other Specify3	

SECTION 10: MEALS				
1. How many meals does the household usually have in a day?				
1 Number				
2 Don't Know				
2. What is the usual meal like?				
3. Did the household eat anything yesterday?				
1 Yes				
2 No				
How many meals did the family eat yesterday?				
Number				
5. What did you eat yesterday?				
Morning Time				
Don't Know 88 No response 99				
Lunch Time				
Don't Know 88				
No response 99				
Evening Time				
				
Don't Know 88 No response 99				
·				

END OF INTERVIEW